

14

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

JACK
31015

RECEIVED

AUG 27 1991

355/46/17 bb
32350

(START CARD) #

(1) OWNER:

Name VICTOR VEGA
Address 576 SIERA MADRE
City SAN MARINO State CA Zip 91108

Well Number: 1

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 138 ft.
Explosives used Yes ☐ No ☒ Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	19	BENTONITE	0	19	450
6	19	138				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other DRY POUR BENTONITE

Backfill placed from _____ ft. to _____ ft. Material _____

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	+1	-107	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) -107'

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30	-	136	1 hr.

Temperature of water 56° Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County JACKSON Latitude _____ Longitude _____
Township 35 N or S, Range 4W E or W, WM.
Section 17 NW ¼ NW ¼
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2021 QUEENS
Branch ROGUE RIVER, OR

(10) STATIC WATER LEVEL:

34 ft. below land surface. Date 7-19-91

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 101

From	To	Estimated Flow Rate	SWL
101	112	30	34

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
SOIL	0	2	
RED CLAY	2	21	
Yellow Clay	21	39	
Soft Mushy Granite	39	101	
HARD Decomposed Granite	-	-	
with Fractures	101	112	34
HARD Decomposed Granite	112	134	

Date started 7-21-91 Completed 7-22-91

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 552
Signed DRILLING Date 8-17-91